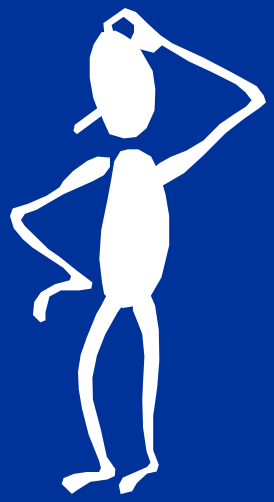
Implementation of the DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline:

DoD Clinic Process Re-engineering

USA MEDCOM

How do we implement the DoD/VA Post-Deployment Guideline?



Clinical Practice Guidelines (CPGs) : Implementation

- **The most challenging step in the guideline process**
- **Clinic-system process, not provider, focused**
- **Team-oriented**

PDH CPG
Team Member Responsibilities:

Identify PDH Concerns,
Support PDH Concern Diagnosis & Management

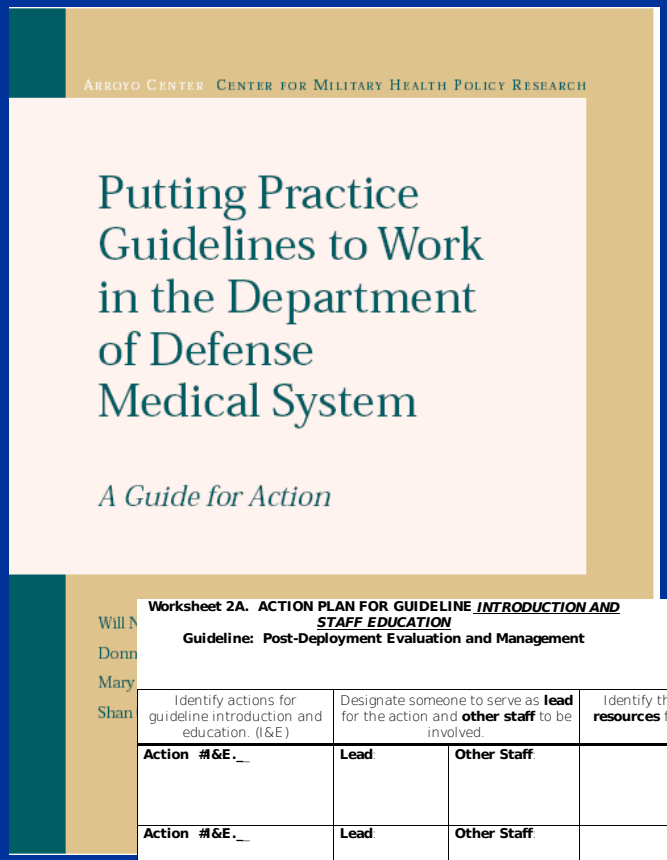
- *Be a part of your clinic's PDH CPG Team implementation team OR provide feedback and suggestions on your clinic's PDH implementation plan.*

PDH CPG
Team Member Responsibilities:

Be a Part of Your Clinic's PDH CPG Team

- **Identify gaps between the guideline and your current practice**
- **Once a problem has been identified**
  - Plan your approach to solving the problem
  - Do implement your plan
  - Study your results
  - Act to improve the results or maintain the improvement

PDH CPG
Team Member Responsibilities:
Be a Part of Your Clinic's PDH CPG Team


Arroyo Center Center for Military Health Policy Research
Putting Practice Guidelines to Work in the Department of Defense Medical System
A Guide for Action

Worksheet 2A. ACTION PLAN FOR GUIDELINE *INTRODUCTION AND STAFF EDUCATION*
Guideline: Post-Deployment Evaluation and Management

Identify actions for guideline introduction and education. (I&E)	Designate someone to serve as **lead** for the action and **other staff** to be involved.		Identify the **tools** and **resources** for the action.	Specify the action timeline.
Action #I&E._	**Lead:**	**Other Staff:**		**Start Complete**
Action #I&E._	**Lead:**	**Other Staff:**		**Start Complete**
Action #I&E._	**Lead:**	**Other Staff:**		**Start Complete**
Action #I&E._	**Lead:**	**Other Staff:**		**Start Complete**

- Use the AMEDD/RAND Implementing Clinical Practice Guidelines in the Department of Defense and Team Worksheets (both contained in the tool kit binder) to guide your PDH CPG Implementation Team's efforts.

Guideline Implementation Checklist

- **Assessment of Level of Effort: Look at Data**
- **Champion Designation**
- **Team Formation**
- **Action Plan Formulation/Implementation**
  - **Healthcare Team Education**
  - **Clinic Process Changes**
  - **Patient Self-management Education**
  - **Metrics and Monitoring**
    - Rapid-cycle change
- **Integration into MTF Processes: Institutionalization**
  - **Education: Orientation, Birth Month, Credentials Clerk**
  - **Monitoring: Peer Review, UM/QM, Executive Committee**

First Visit
PDH Key Elements

1. **Identify if health concern prompting today's clinic visit are related to a past deployment:**
   - Ask screening question: *Deployment related? Yes / No / Maybe.*
   - Establish partnership with patient (Principles of risk communication).
   - Evaluate patient and research exposures.
   - Document post-deployment concern in chart and ADS.
   - After visit, research exposure/concern; consult www.PDHealth.mil.

First / Follow-up Visits
PDH Key Elements

2. Triage patients and seek to reach a working diagnosis on *follow-up visits*.

- Perform evaluation of history, ancillary tests, assessments, records.
- Identify the type of patient's problem:
  - ***Asymptomatic Concerned***
  - ***Established Diagnosis***
  - ***Medically Unexplained Physical Symptoms***
- Document in chart and ADS.

First / Follow-Up Visits
PDH Key Elements

3. Manage *asymptomatic patients* with health concerns

- Provide reassurance & education (risk communication).
- If concern persists, re-evaluate and consider consults.
- Document in chart and ADS.

First / Follow-Up Visits
PDH Key Elements

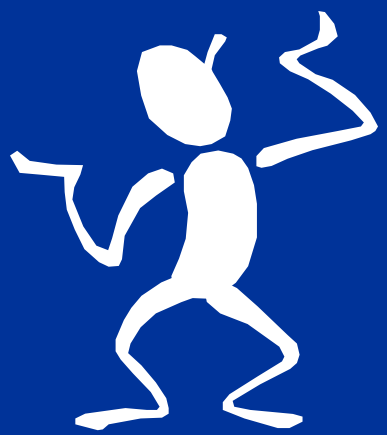
4. **Manage** ***patients with established diagnoses***
   - Treat under relevant disease management guideline.
   - Provide patient education.
   - Collaborate with DHCC as indicated.
   - Follow-up with patient per disease-specific guideline or as appropriate.
   - Document diagnosis in chart and ADS.

Follow-up Visits
PDH Key Elements

5. Manage *patients with unexplained symptoms*

- Re-evaluate; consult with colleagues.
- Reinforce patient-clinician relationship.
- Provide information about unexplained symptoms.
- If acute or progressive symptoms, conduct further studies as appropriate.
- Consider collaboration with the DoD Deployment Health Clinical Center via phone, e-mail.
- Follow-up with patient as indicated.
- Monitor changes in status.
- Document diagnosis in chart and ADS.

What can we do to make the VA/DoD Post-Deployment Guideline happen in our clinic?



PDH CPG
Team Member Responsibilities:
Identify PDH Concerns

- **Ask all patients at every visit the Post-Deployment screening question:**

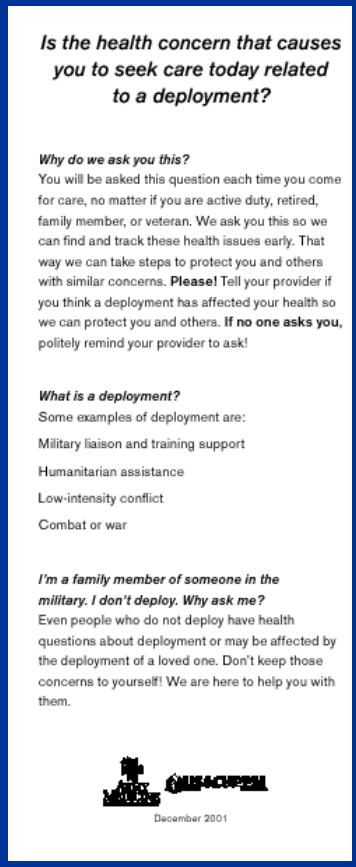
  Deployment related? Yes / No / Maybe.

- **To facilitate documentation that it is being done, the PDH question should be on vital signs stamps and automated SF600s and SF600 overprints.**
  - **IF the PDH question is not currently on your SF600 stamp an SF600 vital signs/PDH questions stamp is included in the tool kit.**
  - **or, IF your automated SF600 does not have the PDH question, instructions for integrating the question into your automated SF600 is included in the tool kit.**

PDH CPG
Team Member Responsibilities:
Identify PDH Concerns

- To facilitate asking the PDH question, PDH brochures should be placed in your clinic.
- Brochures are contained in the tool kit.
- Additional brochures may be ordered from the website:

www.cs.amedd.army.mil/Omo



Is the health concern that causes you to seek care today related to a deployment?

Why do we ask you this?
You will be asked this question each time you come for care, no matter if you are active duty, retired, family member, or veteran. We ask you this so we can find and track these health issues early. That way we can take steps to protect you and others with similar concerns. **Please!** Tell your provider if you think a deployment has affected your health so we can protect you and others. **If no one asks you,** politely remind your provider to ask!

What is a deployment?
Some examples of deployment are:

Military liaison and training support

Humanitarian assistance

Low-intensity conflict

Combat or war

I'm a family member of someone in the military. I don't deploy. Why ask me?
Even people who do not deploy have health questions about deployment or may be affected by the deployment of a loved one. Don't keep those concerns to yourself! We are here to help you with them.

December 2001

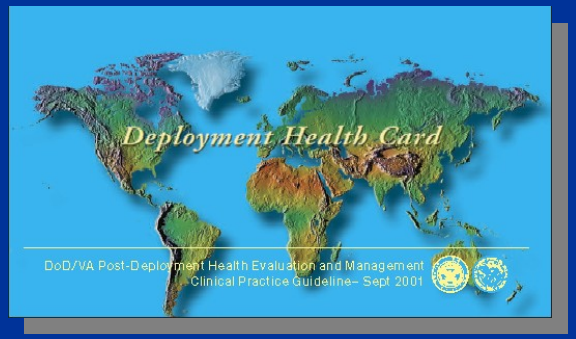
PDH CPG
Team Member Responsibilities:
Identify PDH Concerns

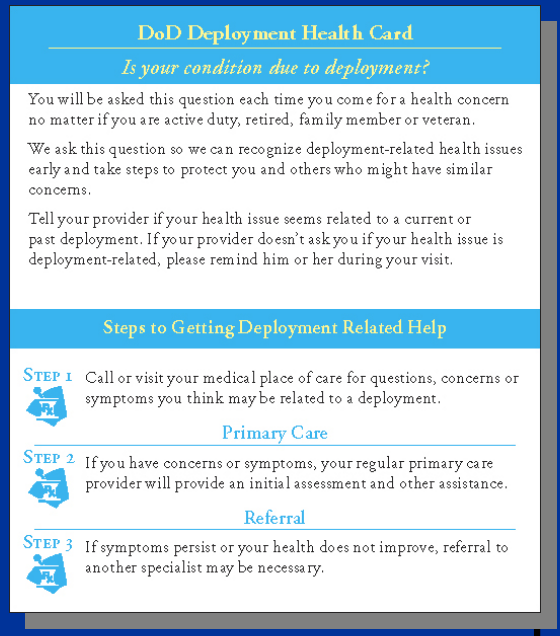
- To facilitate asking the PDH question, a PDH poster should be placed in your clinic.
- Posters are contained in the tool kit.
- Additional posters may be ordered from the website:

www.cs.amedd.army.mil/Qmo

PDH CPG
Team Member Responsibilities:
Identify PDH Concerns

- To facilitate asking the PDH question, PDH wallet cards should be placed in your clinic and provided to units and activities that your MTF/clinic supports.
- Wallet cards are contained in the tool kit.
- Additional wallet cards may ordered from the website: **www.cs.amedd.army.mil/Qmo**


Deployment Health Card
DoD/VA Post-Deployment Health Evaluation and Management
Clinical Practice Guideline– Sept 2001


DoD Deployment Health Card

Is your condition due to deployment?

You will be asked this question each time you come for a health concern no matter if you are active duty, retired, family member or veteran.

We ask this question so we can recognize deployment-related health issues early and take steps to protect you and others who might have similar concerns.

Tell your provider if your health issue seems related to a current or past deployment. If your provider doesn't ask you if your health issue is deployment-related, please remind him or her during your visit.

Steps to Getting Deployment Related Help

STEP 1 Call or visit your medical place of care for questions, concerns or symptoms you think may be related to a deployment.

Primary Care

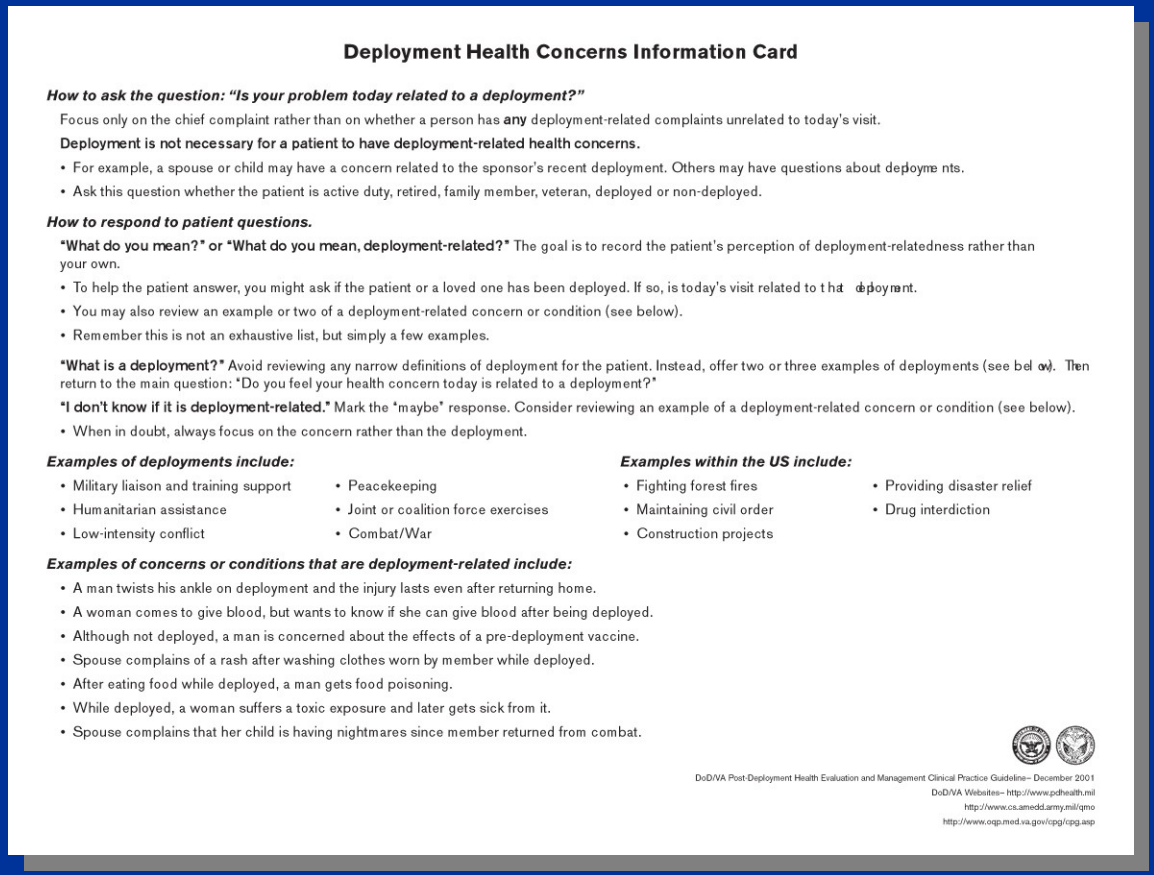
STEP 2 If you have concerns or symptoms, your regular primary care provider will provide an initial assessment and other assistance.

Referral

STEP 3 If symptoms persist or your health does not improve, referral to another specialist may be necessary.

PDH CPG
Team Member Responsibilities:
Identify PDH Concerns

- To facilitate asking the PDH screening question, a PDH Health Concern Information card has been developed.
- To assist screening personnel place these cards (available in your tool kit) at all vital signs stations in your clinic.



Deployment Health Concerns Information Card

How to ask the question: "Is your problem today related to a deployment?"

Focus only on the chief complaint rather than on whether a person has **any** deployment-related complaints unrelated to today's visit.

Deployment is not necessary for a patient to have deployment-related health concerns.

- For example, a spouse or child may have a concern related to the sponsor's recent deployment. Others may have questions about deployments.
- Ask this question whether the patient is active duty, retired, family member, veteran, deployed or non-deployed.

How to respond to patient questions.

"What do you mean?" or "What do you mean, deployment-related?" The goal is to record the patient's perception of deployment-relatedness rather than your own.

- To help the patient answer, you might ask if the patient or a loved one has been deployed. If so, is today's visit related to that deployment.
- You may also review an example or two of a deployment-related concern or condition (see below).
- Remember this is not an exhaustive list, but simply a few examples.

"What is a deployment?" Avoid reviewing any narrow definitions of deployment for the patient. Instead, offer two or three examples of deployments (see below). Then return to the main question: "Do you feel your health concern today is related to a deployment?"

"I don't know if it is deployment-related." Mark the "maybe" response. Consider reviewing an example of a deployment-related concern or condition (see below).

- When in doubt, always focus on the concern rather than the deployment.

Examples of deployments include:

- Military liaison and training support
- Humanitarian assistance
- Low-intensity conflict
- Peacekeeping
- Joint or coalition force exercises
- Combat/War

Examples within the US include:

- Fighting forest fires
- Maintaining civil order
- Construction projects
- Providing disaster relief
- Drug interdiction

Examples of concerns or conditions that are deployment-related include:

- A man twists his ankle on deployment and the injury lasts even after returning home.
- A woman comes to give blood, but wants to know if she can give blood after being deployed.
- Although not deployed, a man is concerned about the effects of a pre-deployment vaccine.
- Spouse complains of a rash after washing clothes worn by member while deployed.
- After eating food while deployed, a man gets food poisoning.
- While deployed, a woman suffers a toxic exposure and later gets sick from it.
- Spouse complains that her child is having nightmares since member returned from combat.

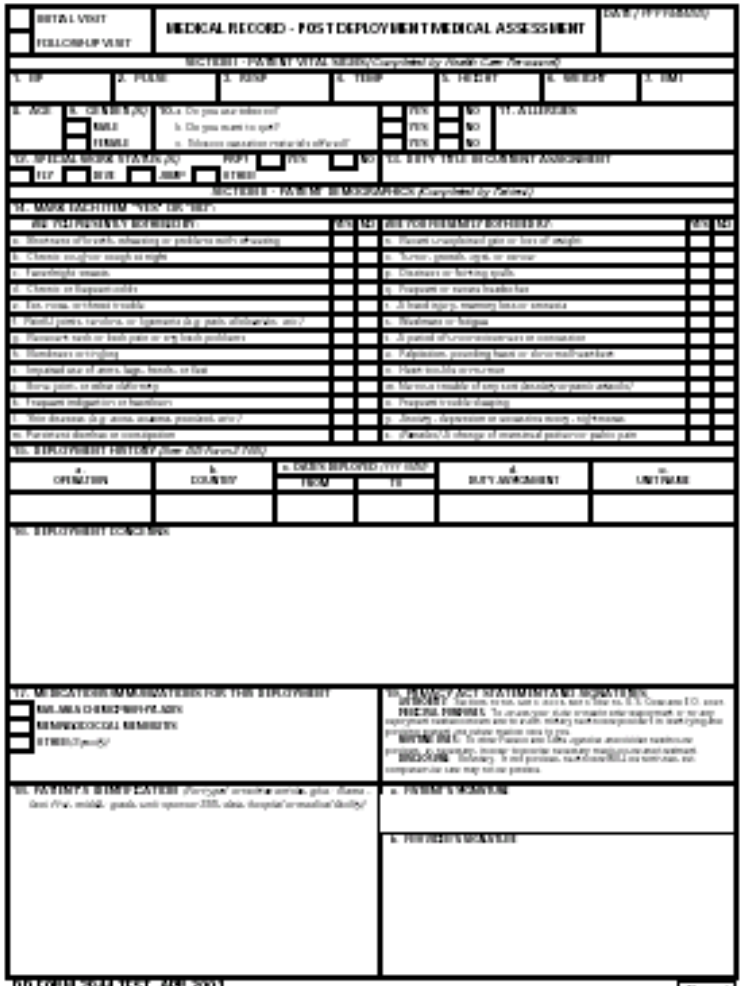
DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline– December 2001
DoD/VA Websites– http://www.pdhealth.mil
http://www.cs.amedd.army.mil/qmo
http://www.oqp.med.va.gov/cpg/cpg.asp

PDH CPG
Team Member Responsibilities:
Support PDH Concern Diagnosis & Management

- **Use the PDH Documentation form*, DoD form 2844, for PDH visit documentation.**
  - **Have patient complete "Patient Section" of 2844.**
  - **Place the DD 2844, in the patients medical record.**
- **DD Form 2844 is contained in the tool kit and downloadable from www.PDHealth.mil and www.cs.amedd.army.mil/Qmo websites**

* Dependent upon specific clinic processes and forms being used

DD Form 2844



INITIAL VISIT
FOLLOW-UP VISIT

MEDICAL RECORD - POST DEPLOYMENT MEDICAL ASSESSMENT

DATE (YYYYMMDD)

SECTION I - PATIENT VITAL SIGNS (Completed by Health Care Personnel)

1. BP | 2. PULSE | 3. RESP | 4. TEMP | 5. HEIGHT | 6. WEIGHT | 7. BMI

8. AGE | 9. GENDER (Mark one) MALE FEMALE | 10a. Do you use tobacco? 10b. Do you want to quit? 10c. Tobacco cessation materials offered? | YES NO | 11. ALLERGIES

12. SPECIAL DIETARY NEEDS (Mark one) PUFA YES NO | 13. DUTY TITLE OF CURRENT ASSIGNMENT

SECTION II - PATIENT DEMOGRAPHICS (Completed by Patient)

14. MARK EACH ITEM "YES" OR "NO".

ARE YOU PRESENTLY SUFFERING FROM:	YES	NO	HAVE YOU PREVIOUSLY SUFFERED FROM:	YES	NO
a. Shortness of breath, wheezing or problems with breathing			a. Recent unexplained pain or loss of weight		
b. Chronic cough or cough at night			b. Tumor, growth, cyst, or cancer		
c. Fainting/dizzy spells			c. Diabetes or fainting spells		
d. Chronic or frequent colds			d. Pregnancy or recent childbirth		
e. Ear, nose, or throat trouble			e. Head injury, memory loss or amnesia		
f. Painful joints, tendons, or ligaments (e.g. pain, stiffness, etc.)			f. Shortness of breath		
g. Recurrent back or limb pain or any back problems			g. A period of severe nervousness or depression		
h. Numbness or tingling			h. Palpitation, pounding heart or abnormal heartbeat		
i. Impaired use of arms, legs, hands, or feet			i. Heart trouble or surgery		
j. Bone, joint, or other disability			m. Nervous trouble of any sort (anxiety or panic attacks)		
k. Frequent indigestion or heartburn			n. Pregnancy trouble/disorder		
l. Skin disease (e.g. acne, eczema, psoriasis, etc.)			o. Anxiety, depression or sensitive mood, nightmares		
m. Persistent diarrhea or constipation			p. Hepatitis/Change of menstrual pattern/or pubic pain		

15. EMPLOYMENT HISTORY (See DD Form 2977 INST)

a. OCCUPATION	b. COUNTRY	c. DATES EMPLOYED (YYYYMMDD) FROM	TO	d. DUTY ASSIGNMENT	e. UNIT NAME

16. DEPLOYMENT EXPOSURES

17. MEDICATIONS OR IMMUNIZATIONS FOR THIS DEPLOYMENT
MALARIA CHEMOPROPHYLAXIS
ANTHRAX/BIOLOGICAL IMMUNITY
OTHER (Specify)

18. PRIVACY ACT STATEMENT AND SIGNATURE
AUTHORITY: ...
PRINCIPAL PURPOSE: ...
ROUTINE USE: ...
DISCLOSURE: ...

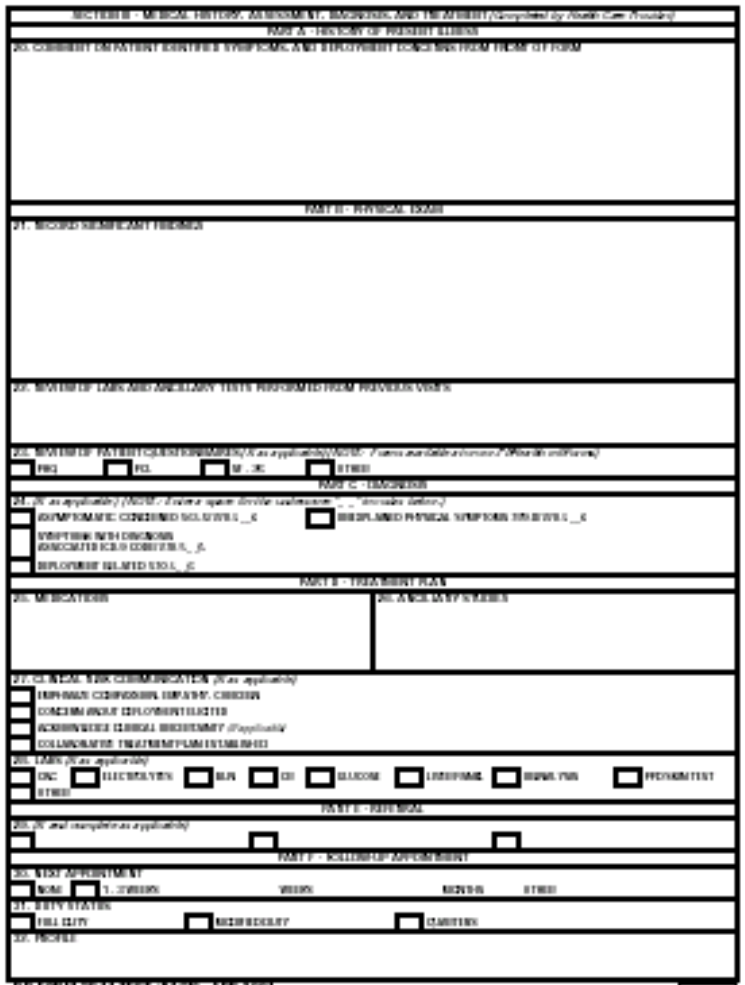
19. PATIENT'S HOME LOCATION (Foreign or overseas address, give name, street, city, country, and APO/FPO)

a. PATIENT'S SIGNATURE

b. DATE SIGNED (YYYYMMDD)

DD FORM 2844 TEST, APR 2001

Reset



SECTION III - MEDICAL HISTORY ASSESSMENT, DIAGNOSIS, AND TREATMENT (Completed by Health Care Provider)

PART A - HISTORY OF PRESENT ILLNESS

20. CURRENT OR PATIENT REPORTED SYMPTOMS AND EXPOSURES FROM THE QF FORM

PART B - PHYSICAL EXAM

21. RECORD RELEVANT FINDINGS

22. REVIEW OF LABS AND ANCILLARY TESTS PERFORMED FROM PREVIOUS VISITS

23. REVIEW OF PATIENT QUESTIONNAIRE(S) (Check as applicable) (Note: Forms available in Section IV of this document)
PHQ | PCL | M-...HC | OTHER

PART C - DIAGNOSIS

24. (If, as applicable) (Note: Enter a space between codes e.g. "code1 code2")
SYMPTOMATIC CONDITION NOT ELSEWHERE CLASSIFIED
UNEXPLAINED PHYSICAL SYMPTOM OR EVENT
SYMPTOM WITH DIAGNOSIS
ASSOCIATED ICD CODE(S)
RESPONSE RELATED ICD-9
ICD-9

PART D - TREATMENT PLAN

25. MEDICATIONS | 26. OTHER TREATMENTS

27. CLINICAL RISK COMMUNICATION (Check as applicable)
HIGH-RISK CONDITION IMPACTING DUTY
CONCERN ABOUT DEPLOYMENT-RELATED
ACKNOWLEDGED CLINICAL ASSESSMENT (Applicable)
COLLABORATIVE TREATMENT PLAN ESTABLISHED

28. LABS (Check as applicable)
CBC | ELECTROLYTES | BUN | CR | GLUCOSE | LIVER PANEL | URINE TOX | PREGNANCY TEST
OTHER

PART E - REFERRAL

29. (If, and complete as applicable)

PART F - FOLLOW-UP APPOINTMENT

30. NEXT APPOINTMENT
NONE | 1 - 3 MONTHS | 3 MONTHS | 6 MONTHS | 12 MONTHS | OTHER

31. DUTY STATUS
FULL DUTY | MEDICALLY | LIMITED

32. PROVIDER

DD FORM 2844 TEST (BACK), APR 2001

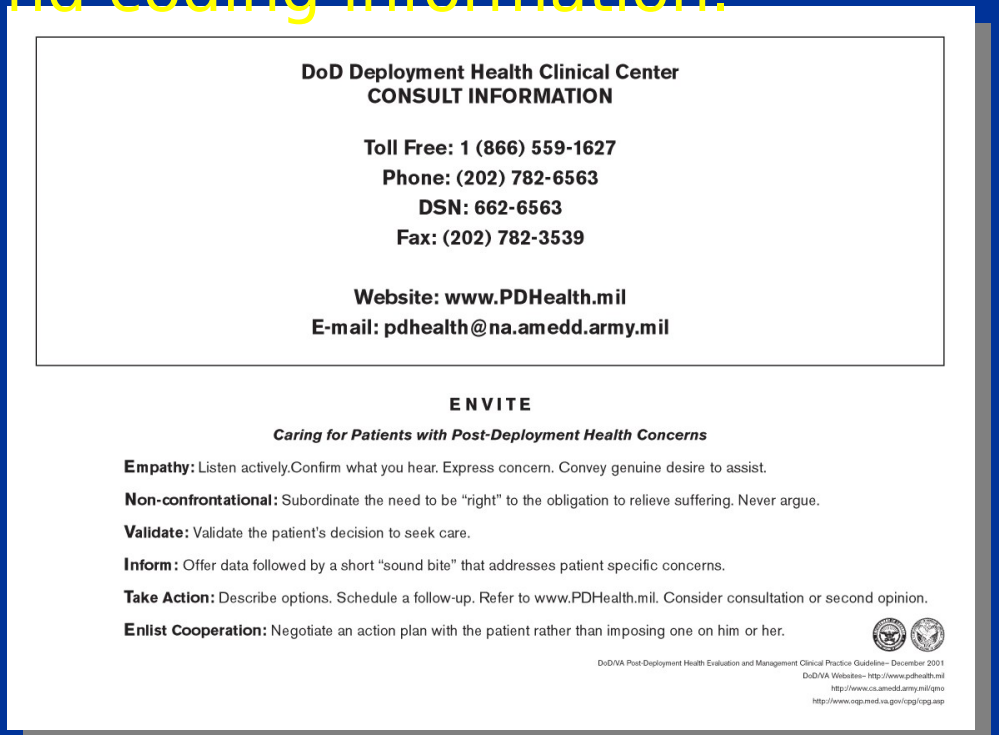
Reset

PDH CPG
Team Member Responsibilities:
Support PDH Concern Diagnosis & Management

- To facilitate provider PDH concern management, place the PDH Provider Exam Room Cards in each provider's exam room or office.
- Exam room cards should be placed on the metal rings with other guideline exam cards.
- Exam room cards and metal rings are contained in the tool kit.

PDH CPG
Team Member Responsibilities:
Support PDH Concern Diagnosis & Management

- Exam room cards contain consult and risk communication information, as well as guideline key element, and coding information.



DoD Deployment Health Clinical Center
CONSULT INFORMATION

Toll Free: 1 (866) 559-1627
Phone: (202) 782-6563
DSN: 662-6563
Fax: (202) 782-3539

Website: www.PDHealth.mil
E-mail: pdhealth@na.amedd.army.mil

ENVITE

Caring for Patients with Post-Deployment Health Concerns

Empathy: Listen actively.Confirm what you hear. Express concern. Convey genuine desire to assist.

Non-confrontational: Subordinate the need to be "right" to the obligation to relieve suffering. Never argue.

Validate: Validate the patient's decision to seek care.

Inform: Offer data followed by a short "sound bite" that addresses patient specific concerns.

Take Action: Describe options. Schedule a follow-up. Refer to www.PDHealth.mil. Consider consultation or second opinion.

Enlist Cooperation: Negotiate an action plan with the patient rather than imposing one on him or her.

DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline– December 2001
DoD/VA Websites– http://www.pdhealth.mil
http://www.cs.amedd.army.mil/qmo
http://www.oqp.med.va.gov/cpg/cpg.asp

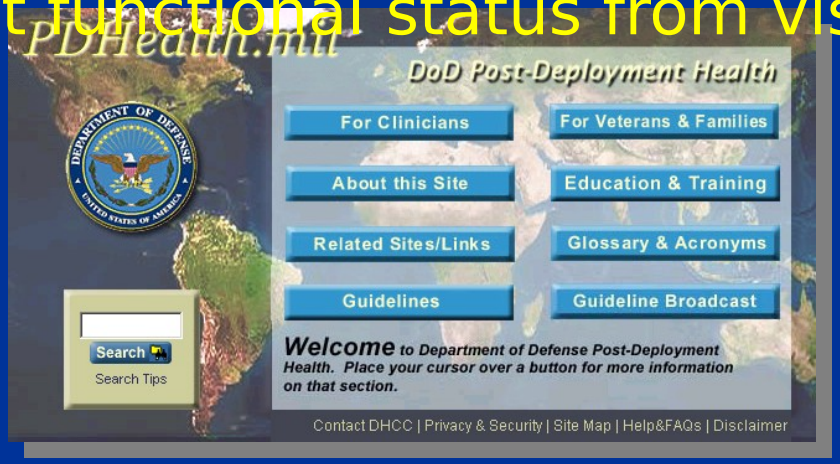
PDH CPG
Team Member Responsibilities:
Support PDH Concern Diagnosis & Management

- To facilitate provider PDH concern diagnosis and management, bookmark the Deployment Health Clinical Center website on all computers: ***www.PDHealth.mil***

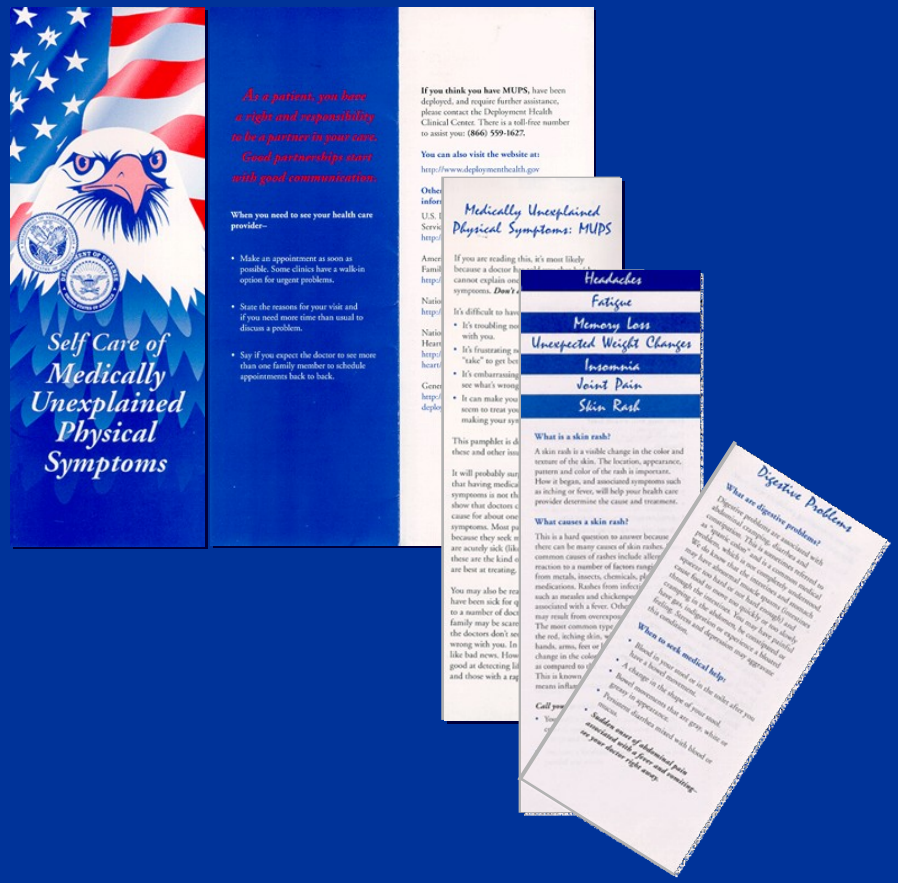
PDHealth.mil
DoD Post-Deployment Health
For Clinicians
For Veterans & Families
About this Site
Education & Training
Related Sites/Links
Glossary & Acronyms
Guidelines
Guideline Broadcast
Search
Search Tips
Welcome to Department of Defense Post-Deployment Health. Place your cursor over a button for more information on that section.
Contact DHCC | Privacy & Security | Site Map | Help&FAQs | Disclaimer

PDH CPG
Team Member Responsibilities:
Support PDH Concern Diagnosis & Management

- The ***www.PDHealth.mil*** website also contains other tools which might assist the provider:
  - the Patient Health Questionnaire (PHQ) which can assist in patient diagnosis
  - the SF 36 which can assist monitoring of patient functional status from visit to visit.


PDHealth.mil
DoD Post-Deployment Health
For Clinicians
For Veterans & Families
About this Site
Education & Training
Related Sites/Links
Glossary & Acronyms
Guidelines
Guideline Broadcast
Search
Search Tips
Welcome to Department of Defense Post-Deployment Health. Place your cursor over a button for more information on that section.
Contact DHCC | Privacy & Security | Site Map | Help&FAQs | Disclaimer

PDH CPG
Team Member Responsibilities:
Support PDH Concern Diagnosis & Management


Self Care of Medically Unexplained Physical Symptoms
As a patient, you have a right and responsibility to be a partner in your care. Good partnership start with good communication.
When you need to see your health care provider--
Make an appointment as soon as possible. Some clinics have a walk-in option for urgent problems.
State the reasons for your visit and if you need more time than usual to discuss a problem.
Say if you expect the doctor to see more than one family member to schedule appointments back to back.
If you think you have MUPS, have been deployed, and require further assistance, please contact the Deployment Health Clinical Center. There is a toll-free number to assist you: (866) 559-1627.
You can also visit the website at:
http://www.deploymenthealth.gov
Medically Unexplained Physical Symptoms: MUPS
Headaches
Fatigue
Memory Loss
Unexpected Weight Changes
Insomnia
Joint Pain
Skin Rash
What is a skin rash?
What causes a skin rash?
Digestive Problems
What are digestive problems?
When to seek medical help:

- To facilitate provider education of patients with PDH concerns, ensure ready availability of patient brochures.
- Patient brochures are available from the **www.cs.amedd.army.mil/Qmo** website.

PDH CPG
Team Member Responsibilities:
Support PDH Concern Diagnosis & Management

- Make sure all PDH visits are appropriately "coded" to ensure that your clinic gets credit for provider and ancillary staff workload related to PDH visits.
- Use V70.5_ _6, V65.5, and 799.8 diagnostic codes as appropriate

Post-Deployment Health Concerns ICD - 9 - CM Codes

AT EACH POST-DEPLOYMENT VISIT (Primary or Specialty Care) at least two ICD-9-CM codes must be assigned.

The Primary ICD-9-CM Code(s) for the...

Patient with **Asymptomatic Concern is V65.5**

Patient with a **Specific Diagnosis or Symptom(s)** that he/she believes is deployment related is that **diagnosis or symptom code,** e.g., sprained ankle, poison ivy, headaches, constipation, etc.

Patient with **Medically Unexplained Physical Symptoms is 799.8** (used only after several visits and appropriate diagnostic evaluation reveals no specific diagnosis for a chronic condition)

ALL Deployment Related Visits *should additionally have the following code listed:* ***V70.5_ _ 6, Deployment Related Visit.***

Type of Patient	Example	Primary Code	Secondary Code
Asymptomatic Concerned, Deployment Related	35 y/o G_1P_{0030} wife of active duty armored soldier requests information about exposure to depleted uranium. She has no symptoms that concern her, but she has read about depleted uranium in a magazine and asked questions at last week's visit for pregnancy. The reason she is seeking care now is that she was instructed then to make a follow-up visit to give her PCM time to research the issue.	V65.5	V70.5_ _6
Symptoms, Deployment Related	Mother of a 13 y/o girl brings child in for significant weight loss since the winter school holiday. Upon questioning, it is noted that the child's father was deployed to Bosnia, returning a month ago. The child's mother notes this concern may be related to the father being away.	783.2 (abnormal loss of weight)	V70.5_ _6
Diagnosis, Deployment Related	23 y/o Marine reported to sick call for a poison ivy rash that developed after the last FTX to the field a few days ago.	692.6 (contact dermatitis due to plants)	V70.5_ _6
Medically Unexplained Physical Symptoms, Deployment Related	49 y/o retired E-8 has been evaluated by you over the last 3 months (5 visits) for intermittent joint pain, intermittent vertigo and severe fatigue. Patient states that he thinks he was exposed to something in Kuwait on a mission 2 years ago. Your work-up to date is complete but negative.	799.8 (other ill-defined conditions and unknown causes of morbidity)	V70.5_ _6

PDH CPG
Team Member Responsibilities:
Support PDH Concern Diagnosis & Management

- **PDH follow-up visits:**
  - are routine appointments.
  - should be 30 minutes in length.
  - are an "RPD" type of appointment**.**
    - information regarding detail codes can be found at: http://www.tricare.osd.mil/tai/cguide.htm

RPD	Readiness Post Deployment	Readiness Post-Deployment: Reserved for patients who are seeking care for potentially deployment related experiences or exposures and for patients who are experiencing health concerns which they relate to a deployment, e.g., family members of recently deployed personnel. Patients may be referred to care during screening for deployment or after deployment following a PCM evaluation. Should be a 30 minute appointment. May be booked as ACUT, ROUT, or WELL appointment types.

- **This information needs to be communicated to your appointment clerks/services.**

PDH CPG
Process Overview

- **Visit 1 (15 minutes) - Identify PDH concern**
- **Between Visit 1 & Visit 2 - Research concern**
- **Visit 2 (30 minutes) - Diagnosis or not**
- **Visit 3 (30 minutes) - Continue treatment**

PDH Visit #1: (15 minutes)

- Appointment made for non-deployment reason
- Usual screen by technician is done
  - The “5th vital sign” is asked:
  - “Deployment Yes /No / Maybe?”
- Provider begins history of present illness
- Provider orders basic screening labs as appropriate
- PDH specific coding assigned

Between PDH Visit #1 and #2

- **Deployment "Yes"- option to use Post-Deployment Form (DD 2844)**
  - Demographic information on DD2844 filled out by patient: deployment history documented
  - May elect NOT using DD 2844 for asymptomatic concerned patients or patients with diagnosis established during first visit
- **Provider researches deployment on www.PDHealth.mil web site**
  - Patient's history reviewed with knowledge of deployment risks & exposures

Between PDH Visit #1 and #2 and PRN

- **Provider consultation with DoD Deployment Health Clinical Center (DHCC)**
  - Telephonic, electronic
  - DHCC provides special expertise while clinician maintains PCM role

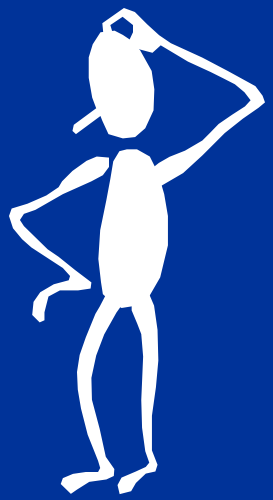
PDH Visit #2: (30 minutes)

- **Provider reviews labs, consults, deployment exposure information from web site, etc.**
- **Diagnosis established?**
  - Yes -- Start therapy.
  - No -- Order ancillary studies as appropriate.
- **Provider consults with / refers to colleagues or DHCC**

PDH Visit #3: 30 Minutes

- **Diagnosis established: Confirm therapy success**
- **Diagnosis *not* established:**
  - Review additional testing and consultation results
  - Continue with algorithm

How can we tell how well our clinic is doing in implementing the DoD/VA PDH Guideline?



PDH CPG
Team Member Responsibilities:

Know how your clinic is doing on the identified PDH CPG Targets

Proposed Post-Deployment Health Evaluation and Management Metrics

Patient satisfaction with care received for post-deployment concerns.

Adequacy of information and resources for patient management with post-deployment concerns.

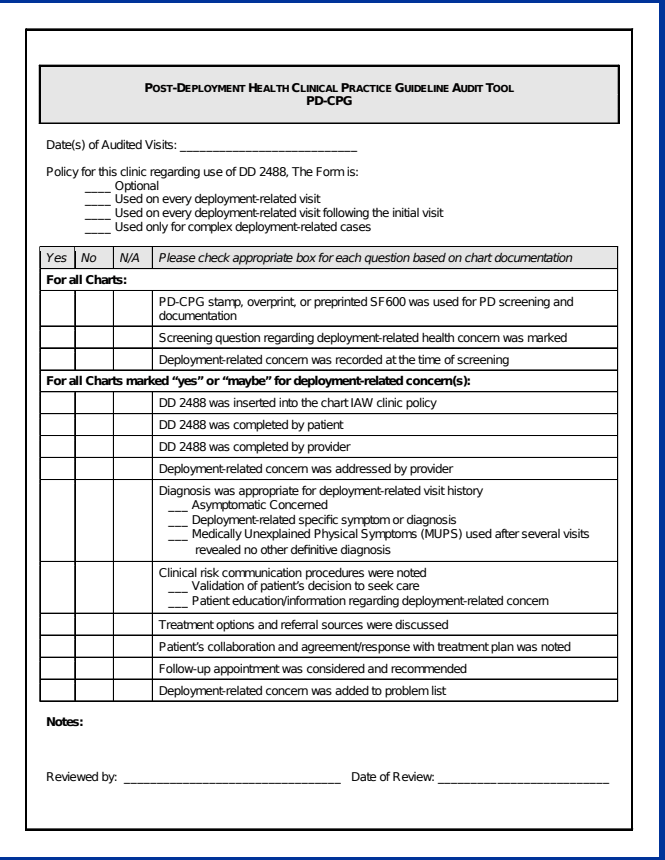
Percentage of personnel evaluated after post-deployment health assessment referral. (DD Form-2796)

Improvement in functional status within 6 months of an initial evaluation.

PDH CPG
Team Member Responsibilities:

Know how your clinic is doing on the identified PDH CPG Targets

- Conduct chart audits to determine if your clinic is "hitting" the PDH CPG targets.
- Check a certain number of charts every month to determine if patient PDH concerns are being assessed and if appropriate management is being performed on patients who screen positive for PDH concerns.



POST-DEPLOYMENT HEALTH CLINICAL PRACTICE GUIDELINE AUDIT TOOL
PD-CPG

Date(s) of Audited Visits: _____

Policy for this clinic regarding use of DD 2488, The Form is:
____ Optional
____ Used on every deployment-related visit
____ Used on every deployment-related visit following the initial visit
____ Used only for complex deployment-related cases

Yes	*No*	*N/A*	*Please check appropriate box for each question based on chart documentation*
For all Charts:			
			PD-CPG stamp, overprint, or preprinted SF600 was used for PD screening and documentation
			Screening question regarding deployment-related health concern was marked
			Deployment-related concern was recorded at the time of screening
For all Charts marked "yes" or "maybe" for deployment-related concern(s):			
			DD 2488 was inserted into the chart IAW clinic policy
			DD 2488 was completed by patient
			DD 2488 was completed by provider
			Deployment-related concern was addressed by provider
			Diagnosis was appropriate for deployment-related visit history ___ Asymptomatic Concerned ___ Deployment-related specific symptom or diagnosis ___ Medically Unexplained Physical Symptoms (MUPS) used after several visits revealed no other definitive diagnosis
			Clinical risk communication procedures were noted ___ Validation of patient's decision to seek care ___ Patient education/information regarding deployment-related concern
			Treatment options and referral sources were discussed
			Patient's collaboration and agreement/response with treatment plan was noted
			Follow-up appointment was considered and recommended
			Deployment-related concern was added to problem list

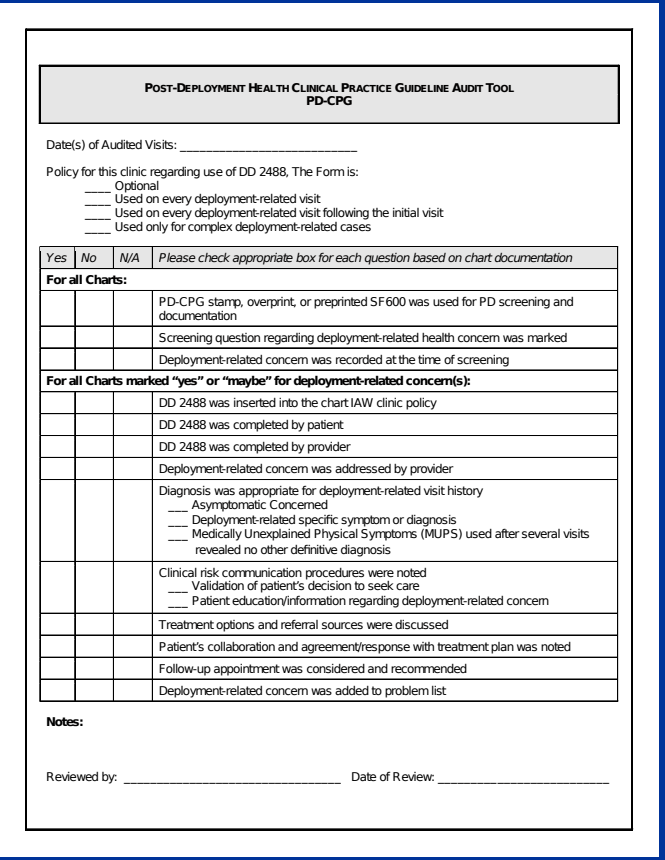
Notes:

Reviewed by: _____ Date of Review: _____

PDH CPG
Team Member Responsibilities:

Know how your clinic is doing on the identified PDH CPG Targets

- Appropriate management of patients who screen positive for PDH concerns can be tracked by having your medical records or CHCS personnel identify visits which have been coded with V70.6_ _5 and then pulling those records to assess follow-up.



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The PDH CPG Process In Our Clinic:

Identify PDH Concerns, Support PDH Concern Diagnosis & Management

- **Check-In**
- **Vital Signs**
- **Education**
- **Check-Out**

Receptionist Responsibilities:

Identify PDH Concerns, Support PDH Concern Diagnosis & Management

- **Insert your clinic's personnel-specific responsibilities here**

Tech/Aide Responsibilities:

Identify PDH Concerns, Support PDH Concern Diagnosis & Management

- **Insert your clinic's personnel-specific responsibilities here**

Nurse Responsibilities:

Identify PDH Concerns, Support PDH Concern Diagnosis & Management

- **Insert your clinic's personnel-specific responsibilities here**

Provider Responsibilities:

Identify PDH Concerns, Support PDH Concern Diagnosis & Management

- **Insert your clinic's personnel-specific responsibilities here**

Clinic Manager Responsibilities:

Identify PDH Concerns, Support PDH Concern Diagnosis & Management

- **Insert your clinic's personnel-specific responsibilities here**

Where Do I Obtain and Reorder PDH Tools and Materials?

- **Deployment Health Clinical Center website:**
  - **http://www.PDHealth.mil**
- **AMEDD web site:**
  - **http://www.cs.amedd.army.mil/Qmo**
  - **Links to VA, AF, Navy POC's for tool kit reordering**
- **VA web site for guideline information:**
  - **http://www.oqp.med.va.gov/cpg/**

CPG Implementation Issues

- **CPG-related duties sometimes seen as additional duties with no additional time and not enough training:**
  - **Asking screening questions**
  - **Documenting laboratory and respiratory data on forms**
  - **Placing forms into chart for providers**
  - **Providing educational materials to patient**

CPG Implementation Issues

- **Printing of educational booklets with no budget to support**
  - **Can order for free from www.cs.amedd.army.mil/qmo website**
- **Dealing with patient reaction to asking screening questions**

CPG Implementation Issues

- **Limited medical and dental ancillary staff support in some clinics.**
- **Implementation of new CPG every 6 months.**

“Make the BEST way

the EASIEST way

through

TEAM EFFORT”

QUESTIONS?